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MONSTROSITY: FŒTUS IN FŒTU.

BY C. M. STOCKWELL, M. D., PORT HURON, MICHIGAN.

On the afternoon of the 7th of November, 1854, I was called to see Mrs. J. H., who had been suffering the pangs of maternity about four hours. She had previously borne six children, and in but one or at most two instances had the time of labor exceeded that which had elapsed in the present effort. The pains were markedly inefficient and distressing; both on this account and by reason of her unusually increased size, coupled with the fact that quickening had never been very decided and the fœtal movements always very feeble, she was exceedingly anxious. About two hours subsequent to my arrival, and when for a little time the paroxysms of pain had been less marked, I was suddenly startled by a violent scream from the patient, and a great gush of water, which latter an immediate examination proved to be the result of ruptured membranes. The outcry seemed not so much induced by increased pain as from shock consequent upon the sudden and excessively abundant discharge of liquor amnii.

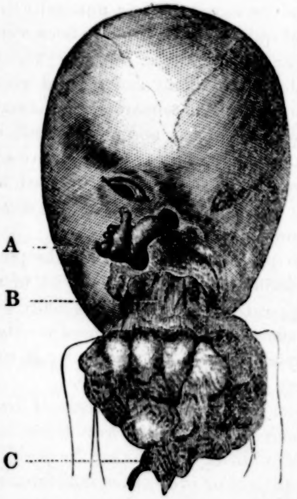
Pushing my investigations with the purpose of determining the position of the child, I found protruding from the os a ragged mass of so little consistency as to lead to the supposition that it was a partially detached placenta, but the absence of hæmorrhage soon convinced me that such was not the case. To satisfy myself at this time concerning it was simply impossible, with the light of my reading or experience.

Fortunately the pains forthwith became more characteristic of true labor, though still ineffectual in promoting progress, and as nothing but the anomalous mass presenting and the difficulty in defining the position of the child afforded special cause of anxiety or pretext for interference, it was thought best to await natural developments.

The patient seemed very feeble, and so excessively nervous that convulsions were at times seriously apprehended. Whisky punch and quinine were freely administered, with the result of allaying nervous symptoms and of inducing labor pains more decided in character. Examinations were still very unsatisfactory, as I could find nothing by which to identify the presentation. Thus obscurely the labor proceeded for nearly eight hours longer, when at length the ragged presenting mass, consisting of an apology for a head, — formed of partially developed centres of the different cranial bones, connected by frail membrane and covered by loose and thin integument that had been enormously distended by contained fluid, which had by rupture of this membrane and integument been discharged during the progress of labor, — and of the fleshy mass hanging from the mouth of this monster, was ejected.

However, but a few moments elapsed ere the delivery was completed and the cord ligated. Examination now revealed the fact that I had encountered (a contradiction of terms) cephalic presentation without a head. The secundines were duly expelled, and the patient proceeded to a favorable recovery except in one respect. This seemed to be the last expiring generative effort, as no other conception occurred, although the lady was then not more than thirty-five and her husband less than forty years of age.

The weight of this monster was nearly seven pounds. On close examination it will be seen to consist (or it did before it had been shrunken in efforts for its preservation) of the well-developed body of an anencephalous child, containing partially within its mouth, nose, and fauces imperfectly developed portions of a twin fœtus, of which the member most perfect in development is the foot, which projects from the right nostril, while a ragged mass, a part of which is covered with healthily developed integument, presents the distinct form of a well-rounded shoulder. The contiguity to the foot suggests the possibility of its being part of the nates, but the form is so exactly that of the point of a shoulder that by no stretch of imagination could it be assigned any other place in the attempted organism. Of the remainder, all that can be said is that it presents neither form nor comeliness.



APPENDIX.

[At the request of the editors, Dr. Stockwell sent the specimen to Boston, and has presented it to the Warren Museum of the Harvard Medical School. On the occasion of a visit by Dr. Stockwell to Boston in May last, the specimen was further examined in his presence, and with his assistance and advice, by Dr. Thomas Dwight. The following additional points were made out.

The skull had been packed with oakum at the time of birth. On the removal of the oakum a shriveled mass of tissue, apparently the remains of the brain and membranes, was found attached to the base of the cranium. Most of the cranial nerves were identified, and considering the length of time that had elapsed since the birth, and the want of care from which the specimen had occasionally suffered, it seems probable that the brain may have been normal. The misshapen foot, A, projecting from the nostril, is accurately represented in the drawing by Dr. Quincy. Even the toe-nails are quite distinct. The mouth is long and the lips thin. The pedicle, B, of the mass projecting from the mouth is connected with the foot, as is clearly shown by traction on one or the other. It is probably attached to the top of the pharynx, but this could not be determined certainly without too much injury to the specimen. A probe introduced into the right nostril by the side of the foot may be brought out through the mouth at the right of the pedicle, or it may be carried into the interior of the latter. A probe passed into the other nostril comes out to the left of the tumor. The hard palate, consequently, can be but slightly developed. A prominence, C, was found on the lower part of the protruding mass, from which projected a thumb and two fingers. The thumb and one finger were bent; the other was straight, and measured one quarter of an inch in length. There was bone in both the hand and the foot, but not in the remainder of the mass. This was incised on its posterior aspect, and, at about a quarter of an inch from the surface, a large sac with distinctly fibrous walls was encountered. It appeared to be lined with a serous membrane, which presented several valvular folds partially subdividing the cavity. A probe passed readily into a long, narrow passage leading from this space through the pedicle into the right nostril. — Editors.]

THREE RARE CASES OF UTERINE SURGERY OCCURRING IN THE PRACTICE OF DR. FREUND, OF BRESLAU.

REPORTED BY SAMUEL HOWE, M. D.

The three following cases, which have recently occurred here in the practice of Dr. Freund, seem to present so many points of interest that I have taken an early opportunity to send the notes of them for the benefit of the readers of the Journal.

Case I. *Ovarian Cyst; Ligature of Pedicle; Cure.* — Mrs. Volkmann, from Liednitz, in Silesia, fifty-six years old, first menstruated at fifteen years of age. Then a menostasis of a year followed, after which the catamenia were regular. At twenty-three she married. The patient has had thirteen children and one miscarriage. Last child was born twelve years ago. The miscarriage came after the seventh child. All the labors before the miscarriage were normal. After the miscarriage, for the first time the patient noticed a swelling in the right iliac fossa. The following six labors were abnormal, and in each case turning and extraction were resorted to. Four years ago the patient had small-pox. After this the tumor grew very rapidly, accompanied by pain in the right side, dysuria, and constipation. The patient, after her first confinement, had a large umbilical hernia. At the time she first saw Dr. Freund, in 1872, she complained of long continued and painful menstruation. On examination she appeared weak and anæmic. The abdomen was as large as at full term of pregnancy, and uneven. This unevenness was due, first, to the umbilical hernia, which was as large as a man's fist; second, to numerous small protuberances, which were especially noticeable in the right iliac region; third, to a tumor just above the symphysis pubis, which proved to be the uterus. On palpation and vaginal examination a multilocular cyst of the right ovary was diagnosticated, which filled the cavity of the pelvis and most of the abdomen. The uterus was pulled upwards and forwards, so that the neck of the bladder was compressed. On examination with the sound the cavity of the uterus was found considerably increased in size; on withdrawing the sound two or three teaspoonfuls of reddish-brown fluid escaped, which proved to be retained menstrual blood. Rectal examination gave the following: cavity of pelvis filled with tumor; tumor adherent, especially on the right side. A connecting band from the right corner of the uterus to the tumor was very noticeable. The band was tense and well defined, and its upper edge was concave. The large cyst of the tumor was then tapped with a trocar, in order to make the diagnosis more certain. The fluid was clearly ovarian. After the tapping and emptying of the cyst the adhesions and position of the abdominal organs could be very clearly made out. The patient was much relieved by the operation, and returned home.

During the following four years it was necessary, as is almost always the case, to puncture the tumor often, the time between each tapping becoming shorter and shorter. The general condition of the patient grew worse, and demanded radical treatment more and more. But ovariotomy in this case was out of the question, since, according to the opinions of most ovariotomists, in those cases in which there are firm adhesions in the cavity of the pelvis the operation is almost always attended with fatal results. Atlee alone, in his book, gives a more favorable, but still not a good prognosis. The spontaneous cure of ovarian tumors has been described by several pathological anatomists, and their cases suggested to Dr. Freund the manner of operating in this instance. A brief description of the pathological changes which take place in the so-called spontaneous cure may not be out of place here. This process consists in some change either in the tumor itself or in the pedicle. The last, only, interests us in regard to this case. The changes in the pedicle are due either to inflammation or to its twisting, by the changes in the position of the tumor, so that the supply of blood which goes to it is cut off. The last may take place slowly or rapidly. The effect of these changes in the pedicle, if rapid, is destruction of the cyst, either from bleeding into the cavity of the tumor or from gangrene, both, of course, attended with fatal result. But if this twisting takes place slowly, the supply of blood to the tumor being gradually cut off, the change in the tumor may go on so slowly that a shrinking and fatty degeneration or calcification of the cyst follows, and the patient recovers. The great danger in interfering with the amount of blood which goes to the tumor is of course from gangrene, the tumor being thus deprived of nourishment; and it is only in those cases in which there is a secondary supply of blood through adhesion that such an operation should be thought of. It is fortunate that these are the very cases in which a more active interference, that is, ovariotomy, is out of the question, as in this instance. The intention of the operator in this case was to tie the principal nourishing artery of the pedicle with one suture, without dividing the pedicle. Three weeks before the operation was performed the tumor was tapped, the fluid withdrawn being bloody. The patient, after tapping, was very faint for half an hour. At the time of the operation the sac had again filled the abdomen, and was tense and fluctuating. The operation, under chloroform and according to Lister's antiseptic method, was performed by Dr. Freund, assisted by Doctors Martini, Kolaczek, M. B. Freund (brother of the operator), his clinical assistant, Dr. Kurner, and the writer of this letter.

An incision three inches long, to the right and below the lower border of the umbilical hernia, was made directly over the pedicle of the tumor. After making certain that that which was felt was the pedicle, a second smaller incision, from the upper end of the first, and at right angles to it, was made along the pedicle. A large curved needle, carrying a thick carbolized suture, was passed through the Fallopian tube and the upper part of the broad ligament near the uterus, and tied as tightly as possible. The ligature took in about two thirds of the pedicle, including the artery of the pedicle, which ran along the anterior part. A second ligature, about an inch from the first, was passed round the ligamentum ovarii and tied. Both ligatures were then cut short. A drainage tube was introduced in the lower end of the wound, and the edges brought together with silver sutures. The wound was then dressed with charpie and carbolic oil.

The wound healed well, the only drawback being a small abscess in the skin about one of the needle holes. In ten days the patient was out of bed. Her condition was very much improved, the abdomen daily growing smaller. The distance from one anterior superior spinous process of the ilium to the other, over the swollen abdomen, at the time of the operation was forty-three centimetres; fourteen days after, forty centimetres; and twenty-two days after, thirty-four centimetres. The upper border of the tumor at the time of the operation was above the upper edge of the umbilical hernia, that is, midway between the umbilicus and the ensiform cartilage; twenty-two days after, it was only three fingers' breadth above the symphysis. The line of the incision in the skin was at the time of operation oblique, running from right to left, and just below the umbilical hernia. Now it runs from left to right, and is just over the inguinal canal. The hard portions of the tumor, which at the time of the operation were in the right iliac fossa, are smaller and deeper in the pelvic cavity, and more movable, owing to the lax condition of the abdominal walls. The greater part of the tumor, which was felt behind the uterus in Douglas's cul-de-sac, was firmer, irregular in form, and smaller, so that the uterus was no longer pressed against the anterior abdominal wall, but lay more in the middle of the pelvic cavity. The general condition of the patient was very much improved. About two weeks after the operation she menstruated. Of course, in such a case as this it is impossible to say whether or not the tumor will again begin to grow when the collateral circulation becomes stronger, but as at the time of the operation the patient was in so poor a general condition that something decided in the way of treatment was demanded, and since that she has experienced such relief, it would seem that, as a way of alleviating if not of curing, this manner of operating would often be found of benefit. Time, of course, will alone show how beneficial it is.

CASE II. *Case of Double Ovariotomy.* — Mrs. M., thirty-six years of age; menstruation regular and profuse, with a tendency to diarrhœa. Was first seen by Dr. Freund in October, 1874. In October, 1873, her second child was born. Her first labor was ended with forceps. The second was normal. Since the last birth she has noticed that her abdomen was larger than normal, and on this account she sought medical advice. On examination the abdomen was found as large as at the sixth month of pregnancy; her general condition was bad. She complained of cough and diarrhœa. The tumor, which was felt through the abdominal wall, on careful examination was made out to be a multilocular cyst of the left ovary. As the tumor was small at this time, no operation was advised. In October, 1875, after a year's treatment with tonics and nourishing diet, the patient's general condition was very much improved, and the tumor was found to have become smaller. The right ovary could be clearly made out through the vagina to be of normal size. The uterus was anteverted and dextroverted. The pedicle of the ovarian tumor could be felt, on examination, above and to the left of the uterus. In May, 1876, the tumor had considerably increased in size; the general condition of the patient was bad. She suffered considerably from dyspepsia, dyspnœa, and pain. The uterus was found to be still anteverted, although the cavity of the pelvis was free from the tumor. The right ovary could no longer be felt. May 1st, the largest cyst of the tumor was tapped, the fluid being clearly ovarian. May 6th the operation was performed, Lister's antiseptic method being used. The administration of chloroform was discontinued after the abdominal cavity was opened, as the patient became asphyxiated. The left ovarian cyst was of the size of a man's head, and multilocular. There were some slight adhesions to the anterior abdominal wall, which were separated, however, without difficulty. The cysts were emptied with the ordinary Spencer Wells ovarian trocar, and the sac was pulled out of the abdominal cavity while a clamp was applied and the sac cut away. The right ovary was found also to be enlarged to about the size of a large Spanish chestnut. The growth was due to general cystoid degeneration, and only at the hilus of the ovary was a small band of healthy ovarian tissue found. A clamp was applied and the ovary removed. Both pedicles were then cauterized with a hot iron. The pedicle of the left ovarian tumor was placed in the lower angle of the wound and the edges of the wound brought together with one suture, and above this the pedicle of the second right ovary, and about this three silver sutures. The wound was dressed with Lister's antiseptic dressing. During the operation the right ovary, tube, and broad ligament were found to be very much swollen, red, and congested, with large dilated veins. Rapid recovery followed the operation. The two clamps came away, one on the seventh, the other on the ninth day. On the fourth day after the operation the patient menstruated, with the ordinary symptoms of pain in the back and diarrhœa. On the ninth day, on account of a slight attack of indigestion, there was a marked rise in the temperature, accompanied by fever; this, however, soon passed off.

After this the patient did remarkably well, and was soon out of bed. The treatment, as regards diet, etc., after ovariotomy, which Dr. Freund uses, consists in giving the patient for the first few days as little nourishment as possible, a little very thin soup being all which he allows. No alcohol, and as little opium as possible, is ordered.

The interesting points of this case are, according to Dr. Freund's opinion, these: 1st. That the tumor should, under general treatment, have grown smaller for a time and then increased in size. 2d. That the right ovary, which in October, 1875, could be plainly made out as of normal size, should in one year's time have increased to the size of a large Spanish chestnut. 3d. That the process of menstruation was at hand at the time of the operation, and on this account was the right tube congested and swollen; the left was not so. The emptying of the cyst a few days before the operation Dr. Freund thinks of importance for the following reasons: the wound in the abdomen is thus rendered smaller; the circulation and respiration are not so suddenly changed at the time of operation, and therefore there is less tendency to shock and faintness. The last seven cases of ovariotomy which he has performed were done in this manner, and all have been successful, the patient going through the recovery without any fever whatever.

CASE III. *Double Uterus, with Hydrometra and Sarcoma of one Horn.* — Patient sixty years of age, married, sterile. Complained of pain in the abdomen which resembled labor pains. For thirteen years she had not menstruated. Three months before, the patient noticed a swelling in the lower part of the abdomen. Her condition at the time the examination was made was very bad. She was weak and anæmic, and on examination a pear-shaped tumor, very sensitive to pressure, could be felt through the abdominal wall, just above the symphysis. The tumor was about the size of a uterus at five months' pregnancy. Vaginal examination gave the following: Vagina in upper part was funnel-shaped. On the right side a crescent-shaped opening could be felt, bound on the outside by a membrane; each lip on the inside by a tumor which proved to be the lower part of the pear-shaped body felt through the abdominal walls. A sound could be passed through this opening three centimetres to the right of the tumor. The condition and form of the os uteri, the shape of the tumor, the symptoms of the disease, pain like labor pains, with great tenderness on pressure, showed that it was probably a case of double uterus, with occlusion and accumulation in one half, — hydrometra, — as the patient suffered extremely from dysuria and pain in defæcation.

Dr. Freund thought that an operation was advisable. The tumor was accordingly tapped through the vagina with a fine aspirator-needle, and the fluid drawn off with an aspirator. The amount thus obtained was about a quart, and was thin, stained with blood, and on microscopic examination was found to contain spindle-shaped sarcomatous cells, pus, changed red-blood corpuscles, and a large amount of mucus. From this the diagnosis of sarcoma of the left half of the uterus, with hydrometra, was decided upon. Three days after the operation the patient died, previous to her death suffering from vomiting, pain in abdomen, and tympanites. The autopsy showed that the cause of death was ileus. The uterus, which was adherent to the omentum, after the fluid was drawn off sank into the pelvic cavity, thereby pulling on the omentum. One of the coils of small intestines near the ileo-cœcal valve was constricted and strangulated so that the patient died. The autopsy also confirmed the correctness of the diagnosis — double uterus, with sarcoma and hydrometra of the left half. The section of the tumor showed the walls of the uterus very much increased in thickness, especially at the fundus. The sarcomatous part was principally in the fundus. The inner surface of the uterus was ragged, macerated, and stained with blood. The cervical canal could be made out, though not very distinctly. The other part of the uterus was normal.

This case is interesting, especially as double uterus is rare, and with sarcoma and hydrometra very exceptional. Dr. Freund said that he had never seen such a case before. The examination of the tumor with the microscope proved it to be a spindle-celled sarcoma.

[In the *American Journal of Obstetrics*, February, 1875, four cases of echinococcus in the female pelvis were reported by Drs. Freund and Chadwick. The Case No. II., of Miss J., is interesting as proving that the diagnosis which was made was correct. The patient died this last May, and at the autopsy it was found that plates 3 and 4 were correct. The specimen was shown before the Schlesischer Medical Society in June, 1876. Since the report was written a sac had appeared on the anterior wall of the uterus, of the size of an apple. All these sacs were subperitoneal, a fact which Dr. Freund lays some stress on, and says that with echinococcus about the uterus it is always the case.]

BRESLAU, *July*, 1876.

RECENT PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.[1]

BY W. L. RICHARDSON, M. D.

GYNÆCOLOGY.

Differential Diagnosis between Subperitoneal Serous Cysts and Ovarian Serous Cysts.[1] — Dr. Kœberlé gives the following summary of the main points of difference between these two diseases. The differential diagnosis rests mainly on the presence or absence of albuminous compounds in the liquid contents of the cysts. The fluid from ovarian cysts is generally ropy and viscid, while that from subperitoneal cysts is fluid and limpid. Ovarian cysts furnish a liquid containing a large amount of albumen and especially of paralbumen. On adding nitric acid the albumen is precipitated and this precipitate either remains unchanged or increases in amount on the addition of acetic acid. Paralbumen is also precipitated by nitric acid, but the precipitate at once disappears on the addition of acetic acid.

Subperitoneal serous cysts are unilocular, and the fluctuation found in them is very manifest, owing to the thinness of the walls. On the other hand, ovarian cysts are either unilocular or multilocular. The cysts of the broad ligament do not as a rule contain any albuminous compound. The cysts of the Fallopian tube contain albumen, but no paralbumen. In cases where the liquid is thick or greasy, and is found to contain epidermis and hair, it is ovarian. Colloid and dermoid cysts may contain no albuminous compound. The development of both subperitoneal and ovarian cysts is slow. The presence of the former is not incompatible with good health.

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[1] Concluded from page 197.

[1] La France médicale, may 13, 1876.

Dr. Julius Pauly[1] discusses at great length the nature of dermoid cysts of the ovary, giving references to two hundred and forty-five cases.

Incision and Discission of the Cervix Uteri.[2] — In a paper read before the New York Academy of Medicine June 1, 1876, Dr. E. R. Peaslee treats at considerable length of the various methods of performing tracheotomy which have come into general use at the present day. The advantage of the operation in the treatment of many cases of dysmenorrhœa and sterility depending upon stenosis of the cervical canal is admitted by all gynæcologists; the only difference of opinion found is as to the best method of performing the operation. The two authoritative methods of procedure hitherto have been either by the use of Simpson's metrotome, by which a deep incision of the cervical canal is made, or by the scissors, as recommended by Sims, by which a discission of the cervix is effected.

By the former operation a very deep and extensive cut is made, and as a consequence there is great danger of a profuse and even fatal hæmorrhage, pelvic cellulitis, or a septic peritonitis. The peritoneal cavity may even be cut into. The difficulty with the operation, as a method of cure, apart from the dangers liable to accompany its performance, is that the incision often gradually closes up, so that the relief from the dysmenorrhœa is at best only temporary; while not unfrequently, owing to the contraction of the cicatrix, the dysmenorrhœa is rendered subsequently even more severe than it was before the operation. As a cure for sterility it promises even less, since the enlarged, open cervical canal allows a premature escape of the ovum, and thus less readily favors the retention of the spermatic fluids.

According to Sims's method of procedure the whole of the vaginal portion of the cervix is cut, up to its vaginal attachment on both sides, and an incision of the whole canal above and including both sides of the os internum is made. The same danger exists here, as regards hæmorrhage, pelvic cellulitis, and septic peritonitis, as existed in the operation recommended by Simpson. Moreover, the cervical canal is shortened by an amount precisely equal to the length of its vaginal portion, or on an average nearly half an inch; for its discission on both sides practically annihilates it as completely as if it had been entirely removed by amputation. The dysmenorrhœa may be and generally is thus relieved when it is dependent upon stenosis; but the sterility remains, and a marked predisposition to abortion, should pregnancy occur, is brought about, since the two pendulous flaps act as valves to hinder the entrance of the spermatic fluid within the cervical canal, and the retentive power of the uterus is also greatly destroyed.

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[1] Beiträge zur Geburt. und Gynæk., No. 1.

[2] Amer. Jour. of Obstet., August, 1876.

With a view of proposing some more rational form of treatment, Dr. Peaslee first endeavored to ascertain the lowest average diameter of the two ora uteri in parous women who are neither sterile nor suffering from dysmenorrhœa, as thus some rational standard would be reached by which the extent of incision actually required could be ascertained. After a great deal of observation he found that the inner os presents nearly twice the area of that of the imparous woman, and he regards a diameter of one fifth of an inch as ample for the removal of sterility or dysmenorrhœa. The external os should be one fourth of an inch. No narrowing should of course exist between these two ora. It is well, however, to dilate the openings a little wider than these measurements, so as to be sure of a cure, especially in cases of an existing congestion of the cervical lining membrane. The operation which Dr. Peaslee suggests consists in merely cutting the point of narrowing to such a degree as will admit of the passage of a sound of the required size. The instrument used is a flattened tube containing a blade. The advantages of this method of treatment are that the normal dimensions of the cervical canal are obtained with certainty and by means of symmetrical incisions on each side. There is no danger from hæmorrhage, pelvic cellulitis, or septic peritonitis. There is no tendency, moreover, to produce sterility, or any tendency to abortion, nor is there any subsequent attempt made by nature to close up the cervical canal after the operation.

Cancer of the Cervix Uteri.[1] — Dr. Charles Liebman believes that uterine cancer begins not infrequently in the cervical canal. In support of this idea he reports four cases in which the growth of the disease began upon the mucous membrane of the cervix uteri. Recognizing the fact that cancer of the neck of the uterus may spread much higher on the lining membrane of the cervical cavity than on the exterior part of the neck, he advises that a careful examination should always be made with a view of ascertaining whether the cervical mucous membrane is not degenerated. In cases where the growth within the cervix can be removed by means of a scoop, he advises its immediate removal. The amputation of the neck is useless in all cases of cancer with the exception of pedunculated, cancroid, papillary tumors of the lips.

Differential Diagnosis between Pelvic Hæmatocele and Pelvic Cellulitis.[2] — Dr. Fordyce Barker gives the following guides as bearing on a differential diagnosis between these two lesions. Both are situated in the pelvic cavity and are immediately in contact with the uterus. During the progress of both a tumor is developed within the pelvis, and there are the symptoms of a more or less well-marked pelvic peritonitis, which usually gives rise to uterine adhesions. Both have their origin in some predisposing disturbance of the uterus or its appendages.

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[1] Trans. Lond. Obs. Soc., xvii. 66.

[2] Richmond and Louisville Medical Journal, January, 1876.

Hæmatocele is generally associated with some catamenial irregularities, and occasionally with abortion. It however never results from a previous parturition, while on the contrary a pelvic cellulitis frequently accompanies the puerperal state or is the direct consequence of an abortion or of some inflammatory process going on in some of the pelvic organs. Hæmatocele is either ushered in or attended frequently with some hæmorrhage, which is rarely the case in cellulitis. Moreover, the tumor forms very rapidly, oftentimes within a few hours. In cellulitis the process of growth occupies a number of days. In the former disease the tumor is at first found to be yielding and elastic, and becomes harder only at a later period; while in the latter the tumor is at first hard and subsequently becomes softer. The formation of a tumor marks the beginning of a case of hæmatocele, while it is discovered only late when we are dealing with a pelvic cellulitis, being the result of the preëxisting inflammation. In hæmatocele the tumor will be found to be entirely distinct from the uterus, and to possess considerable volume; in fact, the uterus will frequently be displaced laterally and anteriorly, the os pointing backwards. In cellulitis, however, the tumor belongs apparently to one side or the other of the uterus, which is rarely perceptibly displaced by it. An hæmatocele is ushered in by all the usual symptoms which accompany a nervous prostration or shock, and may then be followed by those which attend a pelvic or general peritonitis; while a cellulitis begins with all the general and local symptoms of some acute inflammatory process.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

O. W. DOE, M. D., SECRETARY.

June 5, 1876. *Marriage of Near Kin; its Bearing on the Statistics of Retinitis Pigmentosa.* — On this subject Dr. Derby read a paper, which he reserved for publication.

Dr. Wadsworth referred to the fact that Mannhardt in Constantinople and also McNamara in India have frequently observed cases of this disease, though intermarriages are interdicted by the custom of those countries. He thought that in other diseases characterized by pigmentation of the retina, there would be found about the same proportion of cases of consanguinity as in retinitis pigmentosa proper, and inquired of Dr. Derby if he considered this disease more than some others especially associated with intermarriage.

Dr. Derby said he did not.

Dr. Bolles asked if the disease was hereditary, and also if night-blindness, associated with narrowing of the field of vision, was diagnostic of this affection.

Dr. Derby replied that it was yet an unsettled point as regards its hereditary nature; and with reference to its diagnosis he thought it well confirmed if the night-blindness came on at an early age, attended with narrowing of the field of vision, and the disease had been progressive in its character.

Dr. Amory thought that the tendency to intensification of disease was a point often overlooked, and suggested that when there was an hereditary tendency to any special disease in a family, it might be greatly intensified in the offspring, should intermarriage take place.

Dr. Derby said he had been unable to trace any hereditary disease in his seventeen cases reported.

Dr. Hay inquired if there was often alteration in the optic disk and retinal vessels in this disease.

Dr. Derby replied that usually the vessels were smaller, and the color of the optic nerve was somewhat altered.

Removal of a Needle from the Abdominal Wall. — **Dr. Brown** reported a case in which he had removed a needle, an inch and a half long, from the abdomen of a child eleven months old. The child had been playing on the floor and was suddenly noticed to scream, and continued to do so, especially when taken up or moved. The child was seen four hours later. At that time a puncture was found about one and a half inches above and one inch to the left of the umbilicus, and a protrusion, as if from a foreign body about quarter of an inch distant. On cutting down at this place a needle was reached and was removed by forceps. Its direction was antero-posterior. One week later the child was reported as having been fretful for a few hours, but was then entirely well.

Opium Poisoning. — **Dr. Bolles** reported the following case. A male infant of nine months had cold with a cough and some accumulation of mucus in the throat, for which he was given at half past five in the afternoon two eight-grain Dover's powders by mistake for ipecacuanha. As he did not vomit, a third powder was given at six o'clock, making twenty-four grains in all. At about quarter past six he vomited a little.

Shortly after the first dose he became dull and sleepy, and grew more and more so until eight o'clock, when medical aid was called. He was then in a profound stupor, from which he could not be thoroughly aroused. The eyes were half closed and the pupils contracted to about the thirtieth of an inch, irresponsive to light. He could be made to start by tickling the feet and pinching, and would kick and turn away, but no further signs of consciousness could be elicited. He would not cry or follow an object with the eyes. Sulphate of zinc was given, with plenty of warm water, which acted in about fifteen minutes, the water being returned apparently as clear as when taken. Coffee, as soon as it could be obtained, was given from time to time, and the usual means of awakening the patient resorted to. One twelfth of a minim of the fluid extract of belladonna was repeated four times in the two or three succeeding hours.

The symptoms ceased to grow worse at about ten o'clock, and began to ameliorate at midnight, though he was kept in motion for two hours after, when he was held in the lap and allowed partial quiet.

Next day he was pretty well, but on the day following vomited nearly everything taken. In two days more, recovery was complete.

Drs. Stedman and Edes saw the patient in consultation with Dr. Bolles.

Dr. Arnold inquired if belladonna was generally found efficacious in opium poisoning.

Dr. Bolles said that in his case the child appeared much brighter after the first dose, and dilatation of the pupil soon followed after the third and fourth doses.

Dr. Oliver mentioned the case of an old lady who took by mistake half an ounce of laudanum. Previously ten drops had been sufficient to relieve her of pain. Dr. Oliver saw her two hours after the laudanum had been taken, and found her cyanotic, with pupils contracted and pulse 70°. One sixtieth of a grain of sulphate of atropia was twice injected subcutaneously, followed by the administration of strong coffee and two injections subcutaneously of thirty drops of brandy each. Patient first began to show signs of recovery four hours after.

Dr. Arnold referred to two cases where one thirtieth of a grain of sulphate of atropia had been given subcutaneously and repeated in an hour. The pupils became dilated, but no relief followed.

Dr. Edes mentioned a case where one fortieth of a grain of sulphate of atropia was twice administered, producing dilatation of the pupil without any improvement in the symptoms.

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REGISTRATION REPORT OF MASSACHUSETTS.[1]

This volume contains the vital statistics of Massachusetts for 1874, arranged in the form of tables, and accompanied by some eighty pages of "summary observations," in which the facts contained in the tables are carefully analyzed, compared, and discussed. The task of furnishing these valuable editorial remarks, without which the report would be little more than an unintelligible mass of figures, has for the last two years, since the death of Dr. G. Derby, been intrusted to Dr. F. W. Draper, who here contributes his second yearly installment of this most useful work.

An adage exists to the effect that the forest would be easily seen were it not for the trees. So also with statistics, obscurity results from the multiplicity of facts brought together for consideration. Were it not for the assistance afforded by Dr. Draper, whose lucid comments give us, as it were, a bird's-eye view of the forest spread out beneath our gaze, we should be little the wiser for conning the array of figures and tables which make up the chief part of this report.

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[1] *The Thirty-Third Registration Report of Massachusetts. Births, Marriages, and Deaths for the Year ending December* 31, 1874. Prepared under the direction of the Secretary of the Commonwealth. With Editorial Remarks by F. W. Draper, M. D. Boston. 1876.

"The birth-rate for 1874," says Dr. Draper, "is the same as that for 1873, while the death-rate is less. The disturbing effects wrought by the civil war upon the birth-rate, growing out of the absence and loss of many adult males, are progressively disappearing." As regards the proportion of the sexes, it is shown that to every 100 girls, 107.7 boys were born. The proportion in England, on the other hand, is 104 boys to 100 girls. The great excess of females over males in this State, which contains 108 females to every 100 males, is therefore not due to any relative deficiency of male births, but results chiefly from emigration of males and immigration of females.

A curious fact observed each year in our community is the predominance of females (334) as compared with males (312) among *illegitimate* births. In England illegitimate births are more productive of male children than legitimate births.

"Those children whose father was foreign and whose mother was American outnumbered those whose father was American and whose mother was foreign by 1000." This we take to result not so much from superior fecundity, as from the greater frequency of marriages in which a foreign husband marries a native wife, as compared with marriages in which the mixed nativities are reversed.

The marriage rate is shown to have declined somewhat in 1874, being only 9.66 per 1000 living, against a mean of 11 per 1000 for the nine years preceding.

With regard to mortality, the death-rate in 1874 was 19.79 per 1000, exceeding very slightly the decennial mean death-rate of Massachusetts. No extensive epidemic prevailed. Deaths by small-pox were only 26 in number, showing how few predisposed individuals were left untouched by the great epidemic of 1872–73, which proved fatal to 1697 persons.

Consumption is shown by Dr. Draper to be more prevalent among females (3.47 per 1000 living) than among males (3.80 per 1000). In England, on the other hand, the male sex shows a slightly greater liability to phthisis than the female. We would suggest that the explanation of the greater prevalence of phthisis among females in our community is perhaps to be found in the great excess of adult females of exotic origin, chiefly Irish, who add to our female population an excess of individuals at ages and of a nativity which constitute a predisposition to tubercular disease. The differences as regards age-distribution and nativity existing between our male and female populations are quite remarkable. Thus, in 1865, while at all ages there were to every 100 males 108 females, there were at ages from 20 to 30 years as many as 145 females to every 100 males. With regard to nativity, among males 20 per cent. were foreign, while among females the proportion of foreigners was 21.7 per cent., the excess of foreign-born females consisting chiefly of adults.

In conclusion, we are glad to take this opportunity to express our sense of the deep obligation under which Dr. Draper has laid the community by his constant, able, and painstaking devotion to its sanitary interests.

ZIEMSSEN'S CYCLOPÆDIA.[1]

THE present volume, like the tenth, is entirely the work of one author, and consequently presents an evenness that cannot be expected when different writers treat of allied subjects. The translation also is entirely done by a single writer, Mr. Henry Power, of London, and is extremely satisfactory. The work treats of subjects that have attracted great attention, which, however, are still surrounded by obscurity. Increased study makes only more evident the need of additional research into the anatomy and physiology of the nervous system, and daily experience shows the value of electricity as a means of diagnosis and as a method of treatment. This branch is consequently becoming more and more freely recognized as a specialty, but it nevertheless is so wide-spread, and its phenomena are so intimately connected as symptoms, causes, and results with other troubles, that it is not one of which the general practitioner can afford to be ignorant. This book will be of value to him in particular, for, though it is a convenient handbook for the specialist, we are not aware that he will find much in it that is absolutely new to him. The neuroses of the sensory nerves, which practically mean neuralgia, are discussed first; next come those of the nerves of special sense, and then those of the motor nerves, which are chiefly made manifest by spasm or paralysis. This constitutes the first part, which occupies nearly the whole of the book. The second part — less than thirty pages — treats of what the author calls the anatomical diseases, namely, inflammation, hypertrophy, atrophy, etc. The diseases of the sensory nerves are naturally preceded by a consideration of the nature of pain, which is interesting and intelligible. We entirely agree with Professor Erb that there is no reason to believe that pain is essentially a distinct sensation, or that it is conveyed by special nerves. Impressions at first painful sometimes cease to be so when we become used to them, and on the other hand pleasant ones may become painful when long continued. "We hold," says the author, "that every increase of ordinary sensory stimuli is capable of producing pain, as soon as it attains a certain intensity," and he points out that the result is the same, if, instead of an increase in intensity of the impulse, we have a greater sensibility of the receptive apparatus. He shows also that, while pain may occasion a new and distinct impression, this is because this precise form of excitation is a new experience, not because it is of a specific nature. He does not, however, dispute Shiff's discovery that the course of pain in the spinal cord is not the same as that of tactile sensation, the former being in the gray matter and the latter in the posterior white columns, but simply says that the question must remain undecided whether there is truly a distinct path for pain or whether it produces phenomena in the gray matter distinct from conduction. It seems to us that the most plausible theory is that, while moderate stimuli have a certain path, excessive ones may take another course, and not impossibly give rise to the pain by so doing. There is no occasion for much comment on the treatment. Erb approves of injecting morphia near the affected part rather than at a distance, though not in facial neuralgia. He finds the results of operative interference on the whole satisfactory, but makes the suggestion, which certainly deserves a trial, that repeated division of a nerve may be preferable to a severe operation for the resection of a considerable piece. He is a strong advocate of the galvanic current in sciatica. The description of paralysis of special nerves is very interesting. We wish that he had given some statistics of the frequency of paralysis of the circumflex nerve that supplies the deltoid after injuries of the shoulder. He speaks of them as a common cause, but unless we are mistaken such injuries are followed by a local paralysis far more frequently than is generally supposed. To conclude, in a word, we can recommend this volume as both valuable and interesting.

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[1] *Cyclopædia of the Practice of Medicine Diseases of the Peripheral Cerebro-Spinal Nerves.* By PROFESSOR W. H. ERB. Translated by MR. HENRY POWER. Edited by ALBERT H. BUCK, M. D. Vol. XI. New York: Wm. Wood & Co. 1876.

AUTUMNAL CATARRH[1] AND HAY FEVER.[2]

At this season, when the victims of autumnal catarrh are flocking to the mountains to escape their disabling malady, the new edition of Dr. Wyman's valuable work will be received with great interest by all professional men as well as by the army of sufferers from this mysterious disease. The present edition, lately published by Hurd and Houghton in their usual unexceptionable style, is substantially the same as the earlier one, which appeared in 1872. There are some alterations in the maps illustrating the limits of the catarrhal regions, to correspond with later knowledge, and valuable additions scattered throughout the book, which may be considered as a standard authority on the subjects of which it treats. The author confines himself mainly to the autumnal catarrh, but in connection with it has also investigated with care the June cold or hay fever, regarding the two diseases as distinct though similar. His deductions are drawn from the histories of a hundred cases, most of which were carefully examined and observed by himself, a few by other competent observers.

The absolute identity of our June cold with the English hay fever, which is assumed by some writers, Dr. Wyman regards as doubtful, since a residence in England during the month of June has conferred exemption in the cases of those who had been subject to an annual catarrh in the same month here. There is a wide difference between our autumnal catarrh, which is unknown elsewhere, as described by the author, and both the above-mentioned affections. One of the most interesting points in the history of this disease is that all the cases agree in the time of annual return, about the 20th of August, in some cases on precisely the same day. After an account of the catarrhal, bronchial, asthmatic, and nervous symptoms, the author describes at length the geographical limits of the disease with the aid of several colored maps, remarking that the southern and western boundaries must be left as undetermined until further evidence is obtained, though the disease has not been proved to exist to any great extent south of latitude 35°, nor does it extend into the colder regions of Canada. "That is, it is confined between the parallels of 35° and 47° north latitude. But it does not occupy the whole of this region; it is not found in the extreme east of the continent, nor on the Pacific coast." In the region excluded, however, it is mentioned that persons have suffered at Washington, Ga., Beaufort, S. C., St. Augustine, and Galveston, as well as at Denver. Colorado Springs, and Golden City, localities which are from five thousand to sixty-three hundred feet above the sea, and which have been supposed to be curative. Therefore it is stated that many points relating to the geographical distribution of the disease must be left for further investigation.

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[1] *Autumnal Catarrh (Hay Fever), with Illustrative Maps.* By **Morrill Wyman**, M. D., late Hersey Professor Adjunct of the Theory and Practice of Medicine in Harvard University, etc., etc. New York: Published by Hurd and Houghton; Cambridge: The Riverside Press. 1876.

[2] *Hay Fever or Summer Catarrh: Its Nature and Treatment.* Including the Early Form, or "Rose Cold;" the Later Form, or "Autumnal Catarrh;" and a Middle Form, or July Cold, hitherto undescribed. By **George M. Beard**, A. M., M. D., Fellow of the New York Academy of Medicine, etc., etc. New York: Harper and Brothers. 1876.

The non-catarrhal regions, which are indicated by the uncolored portion of the maps, comprise parts of the White Mountains, especially the Glen, Gorham, Jefferson, Bethlehem, and other places; localities in the Green Mountains, Catskills, Adirondacks, and other elevated regions. Though elevation is not the only requisite, few places afford relief which are not more than eight hundred feet above the sea level. A sea voyage is always curative. The author expresses the opinion "that the conditions upon which exemption from the disease depends would be very likely to vary, not only in different places, but in the same place in different years." This seems to have been the case in 1875, when many persons at the White Mountains were less relieved than usual. As a rule, however, "the change in a sufferer fully under the influence of his malady, on arriving at the mountains, is sudden and striking. His first night's sleep is refreshing, and in the morning his most annoying symptoms — the itching and watering of the eyes, the sneezing and nose-blowing, or the asthma — have much diminished. A second night gives still more relief, and usually in the course of the following day most of the symptoms disappear. Besides this relief of the local symptoms, a still greater change takes place in the spirits."

In seeking for the causes of this malady Dr. Wyman finds that the proportion of males to females affected is about three to one; that the disease is less frequent among those who labor in the open air than among those who have indoor occupations; and that the autumnal catarrh is on the increase, perhaps owing to the change of condition and habits of the people. With regard to this point the author makes some interesting suggestions which want of space does not allow us to quote. Family and individual predispositions play an important part in the causation, and, on inquiring as to the system or systems in which this predisposition may lie, the conclusion is reached that the combination of symptoms "certainly corresponds better with what we know of derangements of the nervous system than with those of the mucous membrane, or the organs by which it is invested.'' Again, "it may also be remarked that injuries of the sympathetic are followed by a series of changes which includes many of those observed in this disease;" and "the little alleviation under any medical treatment except that addressed to the nervous system, its sudden onset, its tumultuous course and transitory character, lead us to suppose that the cause may act first upon the nervous system, and perhaps principally upon the great sympathetic."

Among the causes of paroxysms are dust and smoke, strong light, sunshine, various kinds of fruit and flowers, the pollen of corn, and especially Roman wormwood (*Ambrosia artemisiæfolia*). The common impression that this latter plant is a cause of the whole disease led the author to make interesting experiments with it at different seasons of the year, with negative results as to causation. Nor can the "germ theory" be brought to do service in determining the real origin of the whole affection, of which but little is known. "But we are to remember that even if we did know its origin and nature, it would by no means follow that our success in its prevention or treatment would exceed that we now have with our present knowledge of the character of its symptoms."

With regard to the diagnosis there is a caution against confounding the autumnal catarrh with the June cold, as there are many points of resemblance, but also marked differences. The latter is found quite far to the South, "and is probably more extensive geographically than the autumnal catarrh." "Those who have June cold are seldom subjects of autumnal catarrh. When June cold has existed, it has generally ceased on the appearance of the latter disease." The following table shows the points of differential diagnosis as given by the author: —

JUNE CATARRH OF NORTHERN UNITED STATES.	AUTUMNAL CATARRH.
Time of annual attack: May, June.	Time of annual attack: August, September.
Affection of eyes moderate, throat occasionally sore.	Affection of eyes, nose, and throat severe.
Edge of eyelids not inflamed.	Edge of eyelids inflamed.
Eyelids not puffy.	Eyelids puffy.
Cough not spasmodic.	Cough spasmodic.
Asthma not common.	Asthma common towards close.
No itching of skin, no eruption.	Itching of skin, with eruptions slow in healing.
Generally much relieved at the sea-coast, and in large cities.	Rarely relieved at the sea-coast or in large cities.
Paroxysms generally produced by new-cut hay, and by the aroma of flowers.	Paroxysms not produced by new-cut hay; seldom produced by the aroma of flowers.
Not generally relieved in the mountains during hay-making.	Entire relief in certain regions.

In regard to the prognosis, it is satisfactory to notice that Daniel Webster, who had the disease for twenty years, reached the age of seventy, Chief Justice Shaw eighty, another gentleman eighty-four, and Samuel Batchelder is now ninety-two. Other instances of longevity are given, and the disease does not materially shorten life.

Removal to a non-catarrhal region is "the great, almost unfailing remedy," and it is not safe to return until the end of September. From places farther south a longer absence is necessary.

The internal use of quinine for a fortnight before, and during, the disease is beneficial, but injections of solutions of quinine, as recommended by Helmholtz on the supposition that the disease is dependent upon vibrios, have often caused irritation. A watery solution without any acid, used with an atomizer, often gives relief.

A detailed history of many cases, some of them not in the former edition, and a valuable table of the heights of villages and hotels in the non-catarrhal regions, complete this interesting volume.

Dr. G. M. Beard, in a recent publication on Hay Fever or Summer Catarrh, claims that the two forms of catarrh occurring in June and September are identical, and, moreover, that there is an intermediate form, beginning in July, which has not been previously described. He also states that all forms of the disease in all countries are essentially the same, and all dependent on one cause, a functional disease of the nervous system, a neurosis. Dr. Beard arrives at this conclusion from the analysis of the answers to fifty-five questions with regard to the residence, temperament, hereditary predisposition, date of attack, exciting causes, nature of symptoms, etc. These questions were distributed quite extensively in the form of a circular, and answers were received with regard to some two hundred cases. One half only of the cases, however, were observed by himself or by other physicians, and in view of the liability to errors of diagnosis in cases reported by unprofessional observers, it seems as if a smaller number of cases more thoroughly investigated might be of greater scientific value. Though the author hardly settles the problem as to the nature of hay fever so satisfactorily to our mind as he appears to have done to his own, many points of interest are developed. With regard to the localities in which hay fever is liable to occur, cases are recorded from most of the States east of the Rocky Mountains, south as well as north. Some regions supposed to be exempt from autumnal catarrh are said to contain many cases of hay fever. This may be accounted for by the fact that the two diseases have different limits, or future research may show that the supposed limits require modification.

This book is in the main corroborative of Dr. Wyman's previous work. It is interesting to notice that, of the two hundred cases collected, twenty-seven were of the early or June form, nineteen of the so-called July form, and one hundred and fifty-two of the autumnal variety. With regard to the existence of a July group Dr. Wyman says, "If this be so, the separation of the June and September groups is established. Any two groups between which there is a third must be separate. A description which confounds June cold and autumnal catarrh does not exactly suit either separately, either in the time of attack, the causes of paroxysms, the geographical distribution, or the means of relief. It may be observed that Dr. Phoebus records no distinct group in July, although he mentions that a few cases thus occur."

The theory of the nervous origin of the disease is more satisfactory than any of the other hypotheses, and is in accordance with Dr. Wyman's original suggestions, which are quoted above, but are not alluded to by Dr. Beard.

In the way of treatment, a mild galvanic current, applied both centrally and locally, is said to have proved of immediate benefit in two cases, but the particulars are not given. Dr. Hutchinson, of Providence, reported a case treated in a similar manner, in the JOURNAL of November 5, 1874, which Dr. Wyman criticises by saying that the supposed cure coincided with the natural time of disappearance of the disease. Dr. Hutchinson, however, in a later communication, attributes a permanent beneficial effect to the galvanization, since the symptoms in 1875 were much milder than in previous years.

Dr. Beard's book is of convenient size for popular distribution, of attractive appearance, and will no doubt be extensively read.

THE LATE DR. CHANNING.

Few physicians in New England will read without thoughtful interest the record of the death of Dr. Walter Channing, which took place on the 27th of July at his home in Brookline, near Boston. Born in Newport, Rhode Island, on the fifteenth day of April, 1786, he had reached the ripe age of ninety years. His parents and his ancestors were people of high social and intellectual position. The fame of his elder brother, the Rev. William Ellery Channing, is wide-spread. Many generations of Cambridge students remember with gratitude the professional work of Edward T. Channing, his younger brother, who long filled the chair of rhetoric at Harvard.

Walter Channing entered Harvard College in 1804. In the middle of his Junior year the well-known students' rebellion interrupted his studies. On that account he left college, and, beginning the study of medicine, pursued it for several years with eager diligence in Boston and at Philadelphia, in Edinburgh and London, giving special attention to the subject of obstetrics throughout this period. He established himself in the practice of medicine at Boston in 1812, was appointed in the same year lecturer on obstetrics at the medical college, and only three years later he became full professor in that branch. For nearly forty years he ably held his post of honor and trust.

Social and professional advantages such as Dr. Channing thus early won, and which he long continued to retain, might not unreasonably have been considered pledges of inevitable success. But every man who encountered him in his round of duty learned how unjust it was to attribute to accidents of fortune the eminence which he achieved. The obstetrical science of his time may indeed have been, when measured with the brilliant work of the last twenty years, only what the dawn is to the noon-day; but such as it was, he had, in utterly mastering it, gained the best ground, indeed the only real ground, both as professor and accoucheur, for honest self-esteem. He had diligently, thoroughly, studied and learned, both here and abroad, the whole compass of his department, as that department was then known. To obstetrics he had given the enthusiastic interest of a rarely bright and intelligent mind. He knew that he possessed the art which he undertook to explain to others. He felt that he had the power and the right to assume that service of suffering women to which he was summoned.

Dr. Channing's mind, brilliant, fanciful, discursive, apt as it was, perhaps lacked that capacity for steady methodical persistence in intellectual toil which has come to be in our day indispensable for the highest attainments in teaching. The modern professor of obstetrics must hold high the torch of knowledge among a crowd of trained men, themselves almost fitted to give instruction. But for success in Dr. Channing's time, other qualifications were needed than a thorough mastery of the subject, with clearness, force, and brevity in presenting it. Beyond all this, the professor was then expected to hold the attention of the indolent, to rouse the interest of the indifferent, to add a spur even to those who were most willing to work. For all these duties nature had bestowed upon Dr. Channing rare gifts and endowments. Fun was born in him. "No!" said he to the stranger who rang his door-bell, in search of his famous brother; "he is the man who preaches, but I practice." Worn out with fruitless attempts to talk down an organ grinder, whose melody flooded his lecture room, one summer forenoon, he took his seat at last with, "Apollo, gentlemen, was the god of music as well as of physic."

It is pleasant to record the well-remembered fact that he received, late in life, a bequest of several thousand dollars from a patient whom he had only once seen, years before, when called to her at a moment of extreme peril.

When the Massachusetts General Hospital was organized, Dr. Channing was appointed assistant to the late Dr. James Jackson, the attending physician. His connection with that hospital continued for more than twenty years. Dr. Channing, Dr. Storer, Senior, and the late excellent and honored Dr. Charles G. Putnam were for a very long period the associate accoucheurs of the Boston Lying-In Hospital. To the literature of the medical profession Dr. Channing was a frequent and valued contributor. His most important work, Etherization in Childbirth, contains the report of many hundred cases of the early administration of that anæsthetic, and bears testimony to the zeal with which he had encouraged and urged its employment during labor.

Dr. Channing's eager advocacy by pen and voice of a very great number of interests, social and reformatory, will not be forgotten. For some years before his death, he had retired from the active duties of his calling. No pain attended his final illness, and its close was eminently peaceful and calm.

AMERICAN SOCIAL SCIENCE ASSOCIATION.

The general meeting of the association will be opened at Saratoga, September 5th, lasting four days. Mr. David A. Wells, of Norwich, Connecticut, is the president, and Mr. F. B. Sanborn, of Concord, Massachusetts, is the secretary. The proceedings will open by an address from the president, entitled The Present Industrial, Commercial, and Financial Depression, its Causes and Remedies. He will preside on Tuesday evening and Wednesday morning at the general session. Among the numerous interesting features of the general session we notice a debate on Chinese Immigration to the Pacific States, in which Senator Sargent, of California, will participate. The conference of charities will form a prominent feature of this meeting, all organizations which administer on a large scale either public or private charity throughout the country being invited to attend. During this conference a report will be made by the standing committee on Insanity, covering papers by Dr. Allen, of Massachusetts, Dr. H. B. Wilbur, of Syracuse, Dr. Edward C. Mann, of Ward's Island. New

York, and others. This will doubtless prove unusually interesting in view of the criticisms which have been made recently by a foreign contemporary upon the treatment of the insane in this country. There will also be a report from the standing committee on Medical Charities and Out-Door Relief, followed by a debate. The following is the programme of the Department of Health, at the meeting of which the Hon. B. G. Northrop will preside: A report upon The Health of Schools, by the secretary of the department, Dr. D. F. Lincoln, of Boston. Papers upon Diseases of the Eye and Ear in Schools, namely: (*a.*) Statistics of Examinations in Portland, Me., by Dr. James A. Spalding. (*b.*) General Results of European Examinations, by Dr. O. F. Wadsworth, of Boston. (*c.*) The Method of Testing for Deafness, with Remarks on the Management of Deaf Scholars, by Dr. C. J. Blake, of Boston. A paper on Study and Health, by Hon. B. G. Northrop, Secretary of the State Board of Education of Connecticut. A paper on Sanitary Requirements in School Architecture, with illustrations, by Dr. D. F. Lincoln. A paper on Alcohol as an Article of Diet, by Prof. Robert T. Edes, M. D., of the Harvard Medical School. A discussion on the Prevention of the Spread of Contagious Diseases among School Children. There will be debates on each of these subjects, and all persons are invited to attend the meetings, which will take place in the town hall at Saratoga. The interesting character of the work to be brought before the association, to say nothing of its place of meeting, will undoubtedly insure a large attendance.

MEDICAL NOTES.

— In the summer semester of the Friedrich-Wilhelms-Universitaet of Berlin there are registered 1987 matriculated students, 166 less than in the winter. Of this number 137 are theological, 684 law, 896 philosophical, and 270 medical students. Of the latter, 87 are not Prussians. Of the 1610 matriculated Germans the province of Brandenburg sends 581, old Prussia 181, Pomerania 178, Posen 168, Saxony 162, and Westphalia 74. From the other European states are 159, the majority from Russia and Switzerland; of non-European states, America sends 50, Asia 4, Africa 2, and Australia 1. There are 194 teachers, of whom 15 belong to the theological, 17 to the law, 94 to the philosophical, and 68 to the medical faculties.

— After an illness of several weeks' duration, Dr. Richard Arnold, of Savannah, Ga., died on the 10th of July, in the sixty-eighth year of his age, of acute pulmonary phthisis. After a thorough preparatory course of literary and scientific study at Princeton, New Jersey, he received the degree of doctor of medicine from the Medical Department of the University of Pennsylvania in 1830. Dr. Arnold took an active part in the organization of the Medical Society of the State of Georgia, and as president, in 1851, in Atlanta, delivered an able address upon The Reciprocal Duties of Physicians and of the Public towards each Other. Upon the organization of the Savannah Medical College in 1850, he became professor of the theory and practice of medicine.

— A remarkable case of longevity is reported in Virchow's *Archiv*, by Dr. Ornstein, of Athens. The man, George Stravarides, died in Smyrna, at the age of 132 years. Although this Methuselah had always lived an irregular life, and had consumed an average of more than a hundred drachms of brandy daily, he retained full possession of all his five senses, as also a complete set of teeth, up to the moment of his death. He also continued to the last to attend to the duties of his avocation — a baker. This man was born in 1743, in the reign of Mahmoud I., and lived during the reigns of nine Sultans.

— The coroner question has received a great deal of attention in England recently. In an article on the subject the *British Medical Journal* makes the following suggestion, which we think a valuable one. That power should be given to the district officer of health to attend and make inquiry into the causes of death, when sudden or not satisfactorily explained, and, if any doubt should exist, the officer should give notice to the coroner to hold an inquest. This would put a check upon unnecessary inquests, and prevent indiscreet intrusion into a house of mourning, whether the deceased belonged to the poor or to the wealthy class. Officers of health should, of course, be adequately paid for these additional duties. In the mere matter of dispensing with unnecessary inquests there would be a saving of expense, which would cover any additional cost on this ground. A power should, as suggested, be given to a coroner to hold an inquest on his own view, or by requisition from competent authority, but only after a consultation with the medical officer of health. The necessity for an inquest is really not dependent on any legal but strictly on medical grounds, where the cause of death is in question.

BOSTON CITY HOSPITAL.

SURGICAL CASES OF DRS. CHEEVER AND GAY.

REPORTED BY G. W. GAY, M. D.

Strangulated Hernia; Operation; Tetanus; Death. — E. Y., aged seventy-seven years, cabinet-maker, entered the City Hospital December 3, 1875. The patient had had an inguinal hernia for fifty years. It had always been reducible until twenty hours before he entered the hospital. Pain and vomiting set in within a few hours after the accident, and persisted. On examination there was found a large, hard tumor in the left inguinal region, extending from the bottom of the scrotum up into the inguinal ring.

The patient was immediately etherized, and moderate taxis used without accomplishing anything. Dr. Cheever then performed herniotomy. On opening the sac a small knuckle of intestine was found in the ring, but the larger portion of the tumor was composed of omentum. The latter had probably been irreducible for a long time, as it was very firmly adherent to the sac, and could not be returned to its proper place. The ring was enlarged, and the intestine returned into the peritoneal cavity. A protruding portion of the omentum, which was free but irreducible, was ligated and then cut off, and the stump fastened to the edges of the inguinal ring by sutures. The wound was lightly closed with sutures, and a simple dressing applied.

December 5th, second day after operation. There was considerable swelling of the scrotum, but no abdominal tenderness. Patient had slept well, and seemed to be doing well.

The next day (December 6th) suppuration was fairly established, pulse was slower, and fever less. Charcoal poultice was applied to the scrotum.

December 7th (fourth day). Pulse 96. No pain. A small bit of the scrotum looked sloughy. No other unfavorable symptoms.

December 8th. Tetanus, involving the masseters and muscles of the neck, came on during the night. The wound looks better. Patient was ordered hypodermic injections of morphia in the cheek, and enemata of beef-tea and brandy.

He died suddenly in a spasm, at eight P. M. Death was probably due to apnœa, produced by the spasm of the laryngeal muscles. No autopsy.

Idiopathic Tetanus; Death. — Peter K., aged twenty-nine, machinist, was admitted to the hospital, under the care of Dr. Cheever, December 19, 1875. He had well-marked trismus, and could not open his mouth. Pulse 94. Temperature 100°. Respiration was labored, and he could swallow only with considerable difficulty. He had received no injury that he was aware of, nor could any signs of an injury be found upon him. Being of intemperate habits, his friends thought he had lain out-of-doors during some of the late very cold weather.

December 20th, eight A. M. Pulse 94. Temperature 100°. Complains of pain in jaws and abdomen. Abdominal muscles firmly contracted and bowels constipated. Can speak very well at times, but is always seized with a spasm while doing so. His eyes are prominent, and the corners of his mouth are drawn down. He cannot swallow, and had no sleep last night. Ordered a hypodermic injection of one quarter of a grain of morphia every two hours.

At noon there was marked opisthotonos. The lower extremities were very rigid, and there was great dyspnœa. At six P. M. his pulse was 96, and temperature 101.4°. He died in a spasm at eight P. M., about twenty-eight hours after admission to the hospital. No autopsy.

Amputation for Injury to Foot; Tetanus; Death. — (Service of Dr. Gay.) Daniel S., laborer, aged fifty-four, entered this hospital August 18, 1875, for the second or third time, with an incurable ulceration upon the heel and sole of his left foot. The ulcer was the result of a railroad injury received twenty-five years ago, for which the three outer metatarsal bones were removed. The soft parts were badly lacerated at the time of the accident, and the foot never healed. He was wholly prevented from doing anything, and demanded an amputation. He was in apparently good condition.

Two days after admission the leg was amputated in its lower third by antero-posterior skin flaps. Hæmorrhage was prevented by Esmarch's bandage, and an attempt was made to secure the arteries by torsion. The posterior tibial artery was easily closed by that method, but, probably owing to our want of experience, we could not isolate the anterior tibial sufficiently to control the vessel by torsion, and hence a ligature, the only one used in the operation, was applied. The stump was dressed with a dry compress and bandage.

Four days after the operation the patient was doing badly. Pulse 104. Temperature 99.2°. The edges of the flaps were livid and sloughy, and there were lines of discoloration running up the leg. The inguinal glands were not enlarged. The patient was very nervous, and his stump exceedingly sensitive, the gentlest manipulations causing repeated involuntary twitchings and startings.

He continued failing very gradually until August 30th (tenth day), when he complained of slight stiffness of the lower jaw. The wound had commenced to look better. An inch of the anterior flap had sloughed, but there was an attempt at healthy suppuration. His respiration and deglutition were not yet affected. He suffered considerable pain. He was put upon bromide of potassium, thirty grains, with fifteen grains of hydrate of chloral, three times a day. He was also ordered morphia sufficient to relieve pain.

On the fourteenth day (September 3d) his jaws were firmly closed, and he had general tetanus. He took liquids through a tube, but swallowed with great difficulty. His inspiration was labored. Consciousness was partially retained. Had taken morphia freely, with little apparent relief. Ordered sixty grains of bromide of potassium every two hours. Stimulants and food by enemata.

The next day (September 4th) he could open his mouth a little, but he was failing rapidly in strength. His pulse was 148 and very weak, and at night was 200, as near as could be made out by counting every alternate stroke.

September 5th (sixteenth day). All his muscles were completely relaxed. His mouth could be opened easily, and the respiration was free, but he was unconscious, and his face was livid. He died quietly in the evening, free from all spasm or tetanic symptoms. No autopsy.

Three cases of tetanus in less than four months are fortunately a rare occurrence, and, I think, have never before happened in this institution. It is an unaccountable fact that this disease occasionally makes its appearance in the form of an epidemic. Such an epidemic occurred in London in 1858. Tetanus suddenly made its appearance at that time in several of the hospitals there, in one of which there were nine deaths in two months from this affection. It seems to be more prevalent in military than in civil practice, and attacks patients with all sorts of injuries, or those without any injury. The most common exciting cause in the latter class, the so-called idiopathic tetanus, is exposure to cold. This fact seems to be well established, not only in military but also in civil practice. The second case above reported was probably due to this cause. It must be very seldom that herniotomy is complicated with tetanus, although Erichsen mentions it as an occasional occurrence. In the large number of such operations which have been performed in this hospital, this is the first instance in which it has occurred. There was an endemic of hospital gangrene in the house at the time the above case was under treatment, and the question naturally arises, Could that disease have had anything to do in causing the tetanus? It may have acted as a predisposing cause, since whatever lowers the patient's general condition renders him more liable to be attacked by the various secondary affections.

Still more obscure was the cause of the tetanus in the third case above reported. The patient was in a good condition and was not exposed to cold; the hospital was free from all septicæmic affections, and there was nothing unusual in the mode of performing the operation, except it was the torsion of an artery, and it is hardly probable that that could have produced such a fatal disturbance. We know of no possible cause for the disease, unless it was some peculiar condition of the nervous system produced by the long years of pain and irritation which the patient had suffered.

Bromide of potassium, chloral, and morphia were the principal drugs relied upon in the treatment of the case. They were used heroically, but failed to save the patient.

Tracheotomy was not resorted to. Although it might have prolonged life in the first two cases, it is extremely doubtful whether the patients would have recovered.

LETTER FROM WASHINGTON.

Messrs. Editors, — Thermometer 97° in the shade last week. This has been the occasion for much complaint from mothers having an eye to the welfare of their children, and from fretful invalids, but when the reports from other cities, more favored by their northern location, were gathered in, and our Centennial visitors from Philadelphia spoke of the agreeable change, it was interesting to note how much better the heat was borne. There are two things which excite a Washingtonian's resentment, — the charges of malaria and of intense heat as applied to his place of residence, — and with just cause. The reputation which this city gained years ago, when a sparsely populated, rambling, scattered village, clings to it now with full force in certain quarters. No allowance has been made for the changes and improvements by a large increase of population, the paving, sewerage, drainage, and building up of streets that not long since were commons for cows to feed upon, thus confining the influence of malaria to particularly favorable localities. That it does exist in such localities and in full force is one of the strong arguments in the appeal to Congress for such river improvements as would control it entirely, namely, the establishment of a proper channel, restricted within certain bounds, and the reclaiming of acres of marsh land now left to rot in the September sun and to serve as a field of instruction to young surgeons in treating gunshot wounds among the ortolan sportsmen. We no longer hear of the once almost universal practice of giving a good dose of calomel or blue mass, and then quinine, as good for everything from a bone felon to a case of labor.

As to temperature; while we do not have the cool nights which proximity to the sea gives to Boston and possibly New York, yet our broad avenues and streets give us the benefit of any air, from whatever quarter it may come, that may be stirring, an advantage which some of our more closely-built sister cities do not possess; and in no quarter of the city do we have to go more than two or three squares to reach green grass and shady trees, which the children find great comfort in. In the range in the thermometric reading it is curious to note what marked discrepancies will occur. Every one who owns a thermometer immediately sets himself up as an authority, without regard to the accuracy of his instrument or of the propriety of his mode of using it, and ignoring the only true criterion, the observations of the signal office. We are blessed with an army of correspondents, and each correspondent, judging from the newspapers, sends over the country his own ideas of what the thermometer is or rather should be. A prominent druggist, for instance, has his instrument in the front of his shop, which has a southern exposure, under a light awning, in the closest and hottest part of the town, the sun's rays being reflected most of the day from a broad expanse of pavement. No wonder 102° and higher is reached by the mercury. This is a very good plan for selling soda-water, but highly objectionable to those who are sensitive for the reputation of the city. The signal office reports 98.5° as the maximum, and this on July 11th and 20th only, the minimum for those days being 76.5° and 80.5°.

Congress is still with us, and those away from Washington know probably more of its doings than we do here, except where its legislation directly affects us. The bill introduced to facilitate the obtaining of material for dissection by our colleges, which was admirably drawn up, and would, if passed, have effectually checked all attempts at resurrecting or exportation of such material, with a bill for a less expensive and more effective board of health, taking the latter out of the hands of politicians, have been quietly pocketed by the chairman of the committee to which they were referred, and there they will probably remain, there not being enough moneyed interest or political influence to call them forth among men interested in electioneering schemes. The board of health finds its salaries curtailed to $500 a year per office, with the exception of the health officer, who has $2000. This may result in one of two things: a change in the constitution of the members of the board, or, if the law governing some branches of the government, that no one man shall draw salaries pertaining to more than one office, does not hold good in this instance, a multiplying of offices for some of the members.

The hospitals seem to be well provided for in the appropriation bills. There is no summer work going on with them or with the colleges. Of the latter, the Georgetown Medical College has entirely reorganized its faculty, there being none of the old members remaining, with the exception of Dr. Reyburn, the former professor of the principles of surgery, now professor of anatomy and dean, ranking third in the list. Dr. Busey, who lectured last session upon the diseases of children, now heads the list as professor of the theory and practice of medicine. The faculty of the Medical Department of the Columbian University remains as before, and this year they have adopted, optionally to the student, the suggestion of the late convention of medical colleges, of a final examination, at the end of the second year, in chemistry, materia medica, anatomy, and physiology, and they have also instituted a prize for the best general final examination, which is to be both oral and written. These are progressive steps, though hesitatingly made, and they are indicative of a too great fear of and dependence upon the students themselves. Still it is an endeavor not to be left too far behind, and may lead to positive graded instruction and thorough final examinations.

The medical societies have suspended their meetings during the warmer months, the Philosophical Society having also discontinued its meetings. This latter, though not properly medical, contains among its members a large proportion of medical men who are interested in general scientific work, and deserves more than a passing mention. It was organized in 1871, holds bi-weekly meetings, and includes among its members (some one hundred and twenty-four in number) almost all of the men of education interested in scientific pursuits who spend their winters in Washington. This is saying a good deal, as Professor Henry, who has been president since the society was organized, stated in his address, November 18, 1871, that "there is no city in the United States, in proportion to the number of its inhabitants, where there are so many men of education actively engaged in pursuits connected with science as in Washington," "or so many facilities for scientific investigation." One peculiarity which strikes the observer as being rather odd is the ignoring of titles, so that the assemblage of professors, doctors, admirals, generals, etc., all come down to the plain Mr., both in address and in the printed record. This seems to have been a happy thought for getting rid of the overflow of titles with which Washington abounds, but it requires training to put in practice. From time to time prominent scientists, such as Professor Tyndall and others, attend the meetings. A bulletin is published whenever the matter on hand seems to warrant it, and a perusal of its pages shows considerable matter of interest and importance to the medical man. Thus the members are kept well posted on the latest advances in physics, natural history, chemistry, astronomy, etc., and in the use of scientific instruments, which are so constantly undergoing modification and improvement. Professor Henry's experiments in acoustics have proved very interesting as detailed by him, and many other such might be mentioned were it advisable. It must be confessed that many algebraic equations crop out here and there, as inevitable to applied science, which are very confusing to the average medical mind, since mathematics, by the labors of Helmholtz and a few others, is only of late asserting its practical value in medicine. HOMO.

WASHINGTON, *July* 24, 1876.

THE AMERICAN MEDICAL ASSOCIATION.

LETTER FROM DR. BOWDITCH.

MESSRS. EDITORS, — Only yesterday did I have my attention drawn to the editorial of July 6th, upon the late meeting of the American Medical Association. My present relations to that association, and my desire that justice should be meted to it, and to its past and present officers, lead me to ask for an opportunity to make a few remarks upon your statements.

After the very generous defense of the permanent secretary made at the meeting by the chairman of the committee of arrangements, who took upon himself all blame for the choice of a hall, and so forth, it seems hardly right still to blame Dr. Atkinson, for they were really not wholly his fault.

Among the duties of permanent secretary is not that of making arrangements for meetings of the association. *The committee of arrangements takes those duties wholly under its own control.* I know this by personal experience, for when secretary, many years ago, I offered some suggestions to the chairman, the late Dr. Drake, of Cincinnati, and the only reply was that having been chosen king he was not going to be King Log. He plainly said that he preferred to go on in his own way, which I soon saw was for him and his colleagues the best they could follow.

The office of secretary is a thankless one. He is expected *to do everything as everybody wishes*, and it is very hard to perform the duties to the satisfaction of all. This I also know from a personal experience of two years as secretary.

In regard to the meetings and the interest displayed in them, and the address of the president, I am sorry to feel compelled to differ from your editorial. I do not mean to say that the meetings were all they should have been; far from it; but if some of your best men stay away, and only complain of the short-comings, what hope is there for the association? You should send your best representatives, and require of them some *work*, and then there would be no lack of interest.

Finally, I must dissent from the sectional and personal idea broached. Why in a medical journal pit South Carolina against Massachusetts? We should have no rivalry, save in emulation in good and efficient coöperation for the steady advancement of our profession; and as for bringing the president elect into comparison with his predecessor, it seems to me ungracious, as it is certainly unpleasant to myself personally.

With reference to the annual address by Dr. Sims I must also differ from you. Perhaps I should not have chosen the subject of syphilis for a public address; and yet no subject is more worthy of the most serious consideration of our whole people, not only by the profession but by the laity. I may not agree with Dr. Sims's method of dealing with our danger, but I fully agree with that distinguished surgeon and specialist, who justly has a world-wide fame, when he speaks of this great evil, and of its vital importance at the present day.

I trust you will pardon anything you may deem amiss in these suggestions. I feel that they are due to the association, to its secretary, to its late president, and to my own self-respect. Yours faithfully, HENRY I. BOWDITCH.

August 11, 1876.

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BOOKS AND PAMPHLETS RECEIVED. — A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D., F. R. C. P. Philadelphia: Henry C. Lea. 1876. (From A. Williams & Co.)

Proceedings of the Connecticut Medical Society, 1876. Eighty-Fifth Annual Convention, held at New Haven, May 24th and 25th.

Series of American Clinical Lectures. The Modern Methods of Examining the Upper Air-Passages. By George M. Lefferts, M. D. New York: G. P. Putnam's Sons. 1876.

Thirty-Third Annual Report of the Managers of the State Lunatic Asylum at Utica, N. Y., for the Year 1875. Albany. 1876.

On Port-Wine Mark and its Obliteration without Scar. By Balmanno Squire, M. B., London, Surgeon to the British Hospital for Diseases of the Skin. London: J. and A. Churchill. 1876.

CORRECTION. — In the JOURNAL of August 3d, in noticing the death of Dr. A. S. Haskell, on page 145, in the first line of the notice, the initials of his son, Dr. W. A. Haskell, were substituted by mistake. Dr. W. A. Haskell is in the full tide of successful practice at Alton, Illinois.

DIED. — In Truro, August 9th, of typhoid fever, Anna L. Hughes, wife of Dr. Erastus Emery, aged twenty years and ten months.